

POS: Sample Print Listings

pos7
1



This section contains samples of the kinds of print listings you will see when you print transactions on the printer that comes with your Point of Service (POS) device.

Eligibility Inquiry With Response

ABC PROVIDER
94-07-15 10:04:50
PROVIDER NUMBER: XXX456780
TRANSACTION TYPE:ELIGIBILITY INQUIRY
RECIPIENT ID: 9876543210
YEAR & MONTH OF BIRTH: 1955-07
DATE OF ISSUE: 94-06-01
DATE OF SERVICE: 94-07-15
LAST NAME: TODD. EVC#: R400490288. CNTY CODE: 01. PRIMARY AID CODE: 10. MEDI-CAL ELIGIBLE W/ NO SOC.

Note: The eligibility message will vary depending on the recipient's eligibility.

Share of Cost Clearance or Reversal With Response

ABC PROVIDER	
94-07-15 10:04:50	
PROVIDER NUMBER: XXX456780	
TRANSACTION TYPE: SHARE OF COST SHARE OF COST REVERSAL	(or)
RECIPIENT ID: 9876543210	
YEAR & MONTH OF BIRTH: 1945-07	
DATE OF ISSUE: 94-06-01	
DATE OF SERVICE: 94-07-15	
CASE NUMBER: 011234567A01	
PROCEDURE CODE: 54321	
PATIENT APPLIED AMOUNT: \$100.00	
TOTAL BILLED AMOUNT: \$100.00	
AMOUNT DEDUCTED: \$100.00. SHARE OF COST REMAINING: \$75.00 SHARE OF COST CLEARANCE APPLIED	

Medi-Service Reservation or Reversal With Response

Only certain providers can reserve and bill for Medi-Services.
Please see the Medi-Cal provider manual for information about
when to reserve Medi-Services.

ABC PROVIDER	
94-07-15 10:04:50	
PROVIDER NUMBER: XXX456780	
TRANSACTION TYPE: MEDI-SERVICES MEDI-SERVICES REVERSAL	(or)
RECIPIENT ID: 9876543210	
YEAR & MONTH OF BIRTH: 1945-07	
DATE OF ISSUE: 94-06-01	
DATE OF SERVICE: 94-07-15	
PROCEDURE CODE: X1234	
LAST NAME: JOHNSO MEDI SVC RESERVATION APPLIED.	

Standard Pharmacy Claim With Response

ABC PROVIDER
94-07-15 10:04:50
PROVIDER NUMBER: PHA456780
TRANSACTION TYPE: PHARMACY CLAIM
RECIPIENT ID: 987654321
PATIENT NAME: JONES, MARY
GENDER: F
YEAR & MONTH OF BIRTH: 1945-07
DATE OF ISSUE: 94-06-01
PLACE OF SERVICE:
DATE OF SERVICE: 94-07-15
LINE 01 PAID \$0047.25
PRESCRIPTION NUMBER: 1234567
NDC/UPC: 00001123401
QUANTITY: 30
DAYS SUPPLY: 030
CHARGE: \$0050.00
PATIENT PAID AMOUNT: \$0000.00
CODE 1 RESTRICTIONS MET: Y
BILLING LIMIT: 1
PRESCRIBER LICENSE: A23456
TCN:
DUR CONFLICT CODE:
DUR INTERVENTION:
DUR OUTCOME CODE:

Standard Pharmacy Claim With DUR Alert

ABC PROVIDER
94-07-15 10:04:50
PROVIDER NUMBER: PHA456780
TRANSACTION TYPE: PHARMACY CLAIM
RECIPIENT ID: 987654321
PATIENT NAME: JONES, MARY
GENDER: F
YEAR & MONTH OF BIRTH: 1945-07
DATE OF ISSUE: 94-06-01
PLACE OF SERVICE:
DATE OF SERVICE: 94-07-15
LINE 01 PAID \$0047.25
PRESCRIPTION NUMBER: 1234567
NDC/UPC: 00001123401
QUANTITY: 30
DAYS SUPPLY: 030

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Standard Pharmacy Claim With DUR Alert (continued)

CHARGE:
\$0050.00

PATIENT PAID AMOUNT:
\$0000.00

CODE 1 RESTRICTIONS MET:
Y

BILLING LIMIT:
1

PRESCRIBER LICENSE:
A23456

TCN:

DUR CONFLICT CODE:

DUR INTERVENTION:

DUR OUTCOME CODE:

DUR INFORMATION:

DUR CONFLICT CODE: TD

SEVERITY INDEX CODE: 1

OTHER PHARMACY INDICATOR: 3

PREVIOUS FILL DATE: 94-05-30

PREVIOUS FILL AMOUNT: 90

DATABASE INDICATOR: 1

OTHER PRESCRIBER INDICATOR: 2

DUR MESSAGE: THERAPEUTIC
DUPLICATION

ADDITIONAL MESSAGE TEXT: IBUPROFEN
DUPLICATES THIS RX

END OF DUR ALERT MESSAGE

Note: "Accepted" will be displayed when the user cancels a claim in response to a DUR alert.

Standard Pharmacy Reversal With Response

ABC PROVIDER
94-07-15 10:04:50
PROVIDER NUMBER: PHA456780
TRANSACTION TYPE: PHARMACY REVERSAL
DATE BILLED: 94-07-15
PRESCRIPTION NUMBER: 1234567
REVERSAL WAS APPLIED